Name in Full

William P Brittingham

Certificate of Death

Town / County

Died at near Pocomoke City in Somerset Co. MARYLAND

Date 189 9 | Month Jan. Day 21 | Age Y. 70 M. D. | Native of Somerset Co | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Single~~ Married ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 10

Husband ~~Wife~~ of Alice Brittingham

Father's Name Josiah Brittingham | Mother's Name Jane Brittingham

Cause of Death — Primary: Capilary Bronchitis | How long sick: About 2 weeks

Immediate: " 71 | ~~Accident~~, Suicide, Homicide

Reported by F J Loxton

Address Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 74818

Name in Full Rachel Byrd

Certificate of Death

Died at Town Lawsonia County Somerset MARYLAND

Date 1899 Month Jan Day 20 Age Y. 56 M. D. Native of Virginia Occupation Housewife

Male White yes Married yes Widow Divorced no

Female yes Colored Single Widower Number of children living 6

Husband of Wife I. James Byrd

Father's Name Ayers Mother's Name Ayers

Cause of Death Primary Pneumonia 72 How long sick 12 days

Immediate Accident, Suicide, Homicide

Reported by Dr. J. F. Somers

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Hannah Curt

Certificate of Death

Died at Town: Dames Quarter County: Somerset MARYLAND

Date 1899 Month: Jan. Day: 25 Age Y. M. D.: about 57 Native of: — Occupation: House work

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Thomas Curt

~~Father's Name~~ ~~Mother's Name~~ 72

Cause of Death: Primary Pneumonia — How long sick 10 days

Immediate — Accident, Suicide, Homicide

Reported by D. J. Winder

Address Dames Quarter, Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. _____

of _____

Information contained in this certificate received from _____

of _____

Seen by Coroner _____

of _____

OVER

Name in Full — Certificate of Death

Samuel J. Dashiell

Died at Town: Chance, County: Somerset — MARYLAND

Date 1899 Month: 1 Day: 20 | Age Y.: 82 M.: 9 D.: | Native of: U.S. | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | ~~Divorced~~ | Number of children living: 4

Husband / ~~Wife~~ of Elizabeth Dashiell

Father's Name: David Knorr | Mother's Name: David Knorr

Cause of Death — Primary: La Grippe 9 | How long sick: 2 weeks

Immediate: Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by: Thomas Ross, M. D.

Address: Deal Island, Somerset Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Mammonus Ross

of Deal Island Md

Information contained in this certificate received from Jacob S. Tyler

of Chance Md.

Seen by Coroner M.O.

of

Name in Full

Certificate of Death

Mary Dashiell

Died at Town: Deals Island County: Somerset MARYLAND

Date 1899 Month: Jan. Day: 17 | Age Y. 74 M. 5 D. 29 | Native of Virginia | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living none

~~Husband~~ Wife of James Dashiell

Father's Name Benjamin Dorsey | Mother's Name Mollie Dorsey

Cause of Death: Primary 66 | How long sick 30 days

Immediate Hemorrhage of Lungs | Accident, Suicide, Homicide

Reported by Wm W Evans md.

Address Deals Island Somerset Co. Md.

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. James Cooper

of Moved away

Information contained in this certificate received from James Dashiell

of Deal Island Md.

Seen by Coroner no Coroner

of

OVER

Name in Full

Certificate of Death

Perry C Dougherty

Died at Town Enfield County Somerset MARYLAND

Date 189 Month Jan Day 14 | Age Y. 9 M. 8 D. | Native of Md | Occupetion —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

~~Father's~~ Name William Dougherty | Mother's Name Julia Dougherty

Cause of Death: Primary Pneumonia | How long sick 4 days

Immediate 72 | ~~Accident, Suicide, Homicide~~

Reported by W. F. Faull

Address Enfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Mary E. Forman

Certificate of Death

Died at Town: Crisfield County: Somerset MARYLAND

Date 189 9 Month: Jan Day: 11 | Age Y: 86 M. D. | Native of: Md | Occupation: Lady

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living 3

Husband / Wife of —

Father's Name +

Mother's Name +

Cause of Death: Primary: Cerebral softening. How long sick: 3 days

Immediate: — 43

~~Accident~~ Suicide, Homicide

Reported by W. F. Howell

Address Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79708

Name in Full Cornelia Gibson

Certificate of Death

Died at Town Near Eden County Somerset MARYLAND

Date 1899 Month Jan. Day 20 Age about Y. 24 M. D. Native of Md. Occupation dont know

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living dont know

~~Husband~~ Wife of Charles Gibson

Father's Name Julius Donohoe Mother's Name Annie Donehoe

Cause of Death Primary Dont know How long sick

Immediate Dont know Accident, Suicide, Homicide

Reported by Geo. C. Hill 161

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Julia A Johnson

Certificate of Death

Died at: Town Hopewell County Somerset MARYLAND

Date 189 Month Day Jan 15

Age Y. M. D. 75

Native of Somerset

Occupation Housewife

Male White Married Widow yes Divorced no

Female yes Colored Single Widower Number of children living 4

Husband / Wife of Wm Johnson

Father's Name John S. Holland

Mother's Name Nancy Holland

Cause of Death: Primary La Grippe 9

Immediate

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by J. F. Somers, M.D.

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Priscilla Jones

Died at Town Dames Quarter, County Somerset MARYLAND

Dato 189 9 Month Jan. Day 20 | Age Y. about 23 M. yrs. D. — | Native of — | Occupation House work

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number ~~of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Alfred Jones | Mother's Name Martha Jones

Cause of Death: Primary Pneumonia Com — | How long sick 2 wks

Immediate plicating "Fripe" 9 | Accident, Sulcide, Homicide

Reported by J. J. Wilson

Address Dames Quarter Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr._____

of_____

Information contained in this certificate re-

ceived from_____

of_____

Seen by Coroner_____

of_____

OVER

Name in Full: Samuel M Jones

Certificate of Death

Died at: Town: Rock-Creek Neighborhood; County: Somerset; MARYLAND

Date 1899: Month: Jan. Day: 3 | Age: Y. 72 M. D. | Native of: md. | Occupation: Waterman

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living: 3

Husband / Wife of

Father's Name: Samuel Jones | Mother's Name: Nancy Jones

Cause of Death: Primary: General debility | How long sick: 2 year

Immediate: 141 ~~148~~ | ~~Accident, Suicide, Homicide~~

Reported by: Wm W. Evans

Address: Deal's Island md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

P.C.T

Attended By Dr. _____

of Prov. Dr.

Information contained in this certificate received from John Parks

of Chaneys Corner Md.

Name in Full | Certificate of Death

Thos Ross

~~Town~~ County

Died at Beechamp Mill Somerset MARYLAND

Date 1899 Month Jan Day 14 | Age Y. 4 M. D. | Native of Maryland | Occupation

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Wm J Ross | Mother's Name Susan T Ross

Cause of Death: Primary Membranous Croup | How long sick

Immediate 8 b | Accident, Suicide, Homicide

Reported by Stevenson & Bro

Address Pocomoke City Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Seen by Coroner _____

of _____

Attended by Dr. Thos Corbin

of Pocomoke City Md

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Mary Sterling

Died at Town: Crisfield County: Somerset MARYLAND

Date 1899 Month: Nov 26 Age: Y. 77 M. D. Native of: Md Occupation: Oyster Shucker

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow ~~Widower~~ Divorced Number of children living 3

~~Husband~~ Wife of

Father's Name

Mother's Name 42

Cause of Death: Primary Cerebral Hemorrhage, Hemiplegia How long sick 6 days

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by W. F. Howell

Address Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name In Full Charles Garr

Certificate of Death

Died at (Town) near Pocomoke City (County) Somerset MARYLAND

Date 1899 Month 1 Day | Age Y. M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Gunshot wound — How long sick

Immediate: 145 a — Accident, ~~Suicide, Homicide~~

Reported by Ledger-Enterprise 1-14

Address Pocomoke City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70999

The deceased lived with
Mr. John Scarborough

Name in Full

Certificate of Death

Harriet A. White

Died at Town Dames Quarter County Somerset MARYLAND

Date 1899 Month Jan Day 27 Age Y. M. D. about 39 yrs. Native of Occupation House work

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 9

~~Husband~~ Wife of Chas. White

Father's Name Alfred Jones Mother's Name Martha Jones

Cause of Death Primary Pneumonia con — How long sick 2 weeks

Immediate plicating la grippe in purpose

Reported by S. J. Winders 9

Address Dames Quarter Md.

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Seen by Coroner_____

of_____

OVER

Name in Full — Certificate of Death

Henry P. White

Died at Town Dames Quarter, County Somerset MARYLAND

Date 1899 Month Jan. Day 6 | Age Y. 76 M. 1 D. 1 | Native of | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 8

Husband / Wife of Hettie L. White

Father's Name | Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick 15 mo.

Immediate: —

Accident, Suicide, Homicide

Reported by D. J. Wrudson M.D.

Address Dames Quarter Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. _____

of _____

Information contained in this certificate received from _____

of _____

Seen by Coroner _____

of _____

OVER

Name in Full: William H White

Certificate of Daath

Died at — Town: James Reuarter — County: Somerset — MARYLAND

Date 1899 — Month: Jan — Day: 3 — Age: Y. 85 M. 10 D. 18 — Native of: md — Occupation: Watermen

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~

Number of children living: 4

Husband ~~Wife~~ of: Rebecca White

Father's Name: Henry White — Mother's Name: Harret

Cause of Death — Primary: Old age 141 — Immediate:

How long sick: 4 mo

~~Accident~~, Suicide, ~~Homicide~~

Reported by: Wm W. Evans md

Address: Deal's Island md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. P. C. F

of No Dr.

Information contained in this certificate received from Alexander White

of James Quarter P.O. Md

Name in Full | Certificate of Death

no name Wright

Died at Town: Chance | County: Somerset | MARYLAND

Date 1899 | Month: Jan | Day: 28 | Age Y. M. D.: 7 | Native of: Md. | Occupation

Male | ~~White~~ | ~~Married~~ | Widow | Divorced

Female | Colored | Single | Widower | ~~Number of children~~ living

Husband of Wife

Father's Name: Gabriel Wright | Mother's Name: Lovy Wright

Cause of Death: Primary 140 | How long sick

Immediate: Hemorrhage of the navel | Accident, Suicide, Homicide

Reported by: Wm W. Evans

Address: Deal's Island Md.

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. none

of

Information contained in this certificate received from Gabriel Wrecht

of Chance P.O.

Seen by Coroner none

of

OVER